

Children's Mental Health Screening Initiative

Created by the *Children's Mental Health Act of 2003*
Public Act 93-0495 (305 ILCS 5/5-5.23)

Screening Assessment and Support Services (SASS) Program

Service definition and activity crosswalk

Based on revised rule 59 Ill. Admin Code 132

Healthcare and Family Services
Department of Human Services
Department of Children and Family Services

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**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

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**State of Illinois
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Introduction

The *Children's Mental Health Act of 2003*, created by *Public Act 93-0495*, establishes the Children's Mental Health Screening Initiative and the Screening, Assessment, and Support Services (SASS) program as part of that initiative. The initiative is the result of close cooperation among three State agencies: Healthcare and Family Services (HFS), Children and Family Services (DCFS), and Human Services (DHS). The *Act* requires screening and assessment of children prior to any Medicaid-funded admission to an inpatient hospital for psychiatric services. The SASS program creates a single crisis call line and a single one-stop, statewide program that will deliver crisis services and assist children in need of treatment with referrals to the appropriate services.

Beginning July 1, 2004, the crisis line (called Crisis and Referral Entry Services [CARES]) will determine whether the child should be referred to a Screening, Assessment, and Support Services (SASS) provider for crisis intervention, linkage, and coordination of services.

SASS and community services are based on the revised 59 *Ill. Adm. Code* 132. The revised Rule 132 is effective August 1, 2004. A narrative description of the services and authorized activities of the rule is attached, along with a table of revised service descriptions and billing codes that have been cross-walked to Healthcare Common Procedure Coding System (HCPCS) codes required under the *Health Insurance Portability and Accountability Act* (HIPAA). The table also includes previous DHS and DCFS billing codes to assist you in linking the current definition to the HCPCS codes. For example, the crisis intervention-pre-hospitalization screening is described under Section 132.150(b) of the rule and the new HCPCS code is T1023. Previous billing codes for this service were: W-7897 and W-7898. Also included is the Category of Service (COS) for billing services.

For more information on this program, please refer to the Handbook for Providers of Screening, Assessment, and Support Services, Chapter CMH-200 Policy. The handbook has been prepared for the information and guidance of SASS providers who provide services to children in the Departments' SASS program. It also provides information on the DFS requirements for provider participation, enrollment and billing.

This handbook can be viewed on the DFS website at:

<http://www.hfs.illinois.gov/handbooks/>

The direct link to the handbook is:

http://www.hfs.illinois.gov/handbooks/assets/030404_sasshandbook.pdf

The direct link to the appendices is:

http://www.hfs.illinois.gov/assets/060404_sassappendix.pdf

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Glossary

Acronyms		Professional staff acronyms	
ACR	Administrative case review	APN	Advanced practice nurse
ACT	Assertive community treatment	LCPC	Licensed clinical professional counselor
CARES	Crisis and Referral Entry Service	LCSW	Licensed clinical social worker
COS	Category of service	LMFT	Licensed marriage and family therapist
CSPI	Childhood Severity of Psychiatric Illness	LPN	Licensed practical nurse
DCFS	Department of Children and Family Services	LPHA	Licensed practitioner of the healing arts
DHS	Department of Human Services	MHP	Mental health professional
DOC	Department of Corrections	QMHP	Qualified mental health professional
DPA 1443	Provider Invoice (form DPA 1443)	RN	Registered nurse
HCPCS	<i>Healthcare Common Procedure Coding System</i>	RSA	Rehabilitative services associate
HFS	Healthcare and Family Services (formerly DPA)		
HIPAA	<i>Health Insurance Portability and Accountability Act</i>		
ITP	Individual treatment plan		
MMIS	Medicaid Management Information System		
MOD	Modifier		
MRO	Medicaid rehabilitation option		
NOS	Not otherwise specified		
POS	Place of service		
PT	Provider type		
ROCS	Reporting of Community Services		
SASS	Screening, assessment, and support services		
SOF	State-operated facility		
TCM	Targeted case management		
HCPCS modifier definitions		HCPCS place of service indicators	
HA	Child/adolescent	11	On-site
HN	Bachelor's degree	99	Off-site
HM	Less than a bachelor's degree		
HO	Master's degree		
HQ	Group modality		
HR	Family modality		
SA	Advanced practice nurse		
TF	Intermediate level of care		
TG	Complex level of care		
52	Reduced services, non-MD, non-APN		

1) In order to be reimbursed for a service, the provider must have a contract with a public payor to provide that service.

2) Medicaid necessity is determined by the approval of mental health services by a licensed practitioner of the healing arts (LPHA).

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Activity therapy

Service definition:	Minimum credentials of staff:
Direct interactions with the client, or on behalf of the client with a member of the client's family, with such interactions intended to result in improving or maintaining the client's ability to function in a variety of interpersonal situations, including in the family, school or community.	RSA
Notes:	Example activities:
Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	Direct face-to-face interventions with the client, or on behalf of the client with a member of the client's family or other caretaker, aimed at improving or maintaining the client's ability to function in a variety of interpersonal situations, including in the family, school, or community. These interventions involve art, music, drama, play, or recreation. Can include group sports activities or field trips, but only for the time spent in face-to-face interventions that are therapeutic in nature. The interventions must relate to the goals in the client's ITP. Supervising or observing the client's art, music, drama, play, or recreation activities is not activity therapy and is not a billable Medicaid service.
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.150(j) Nomenclature: Previous: Developmental rehabilitation HIPAA: Activity therapy

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H2032			11	On-site; individual	¼ hr	\$ 13.68	\$ 54.72	W7903	(n/a)
34	H2032			99	Off-site; individual	¼ hr	\$ 15.17	\$ 60.68	W7904	(n/a)
34	H2032	HQ		11	On-site; group	¼ hr	\$ 3.42	\$ 13.68	W7905	(n/a)
34	H2032	HQ		99	Off-site; group	¼ hr	\$ 3.80	\$ 15.20	W7906	(n/a)

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Assertive community treatment

Service definition: A specialized model of treatment/services that provides an inclusive array of community-based mental health and supportive services for adults (18 years of age and older) with serious mental illness who have a history of high use of psychiatric hospitalization. It requires an integrated package of services, provided by a multi-disciplinary team of professionals over an extended period of time.	Minimum credentials of staff: At a minimum includes a psychiatrist, QMHP, MHP and may include RSAs. Highly desirable to include an RN and a vocational specialist.
Notes: Provider must be in compliance with the assertive community treatment (ACT) paradigm of the Department of Human Services. Case management MAY NOT be billed in combination with ACT services. "ACT team" should be identified as "responsible staff" on ITP. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	Example activities: Linkage with resources and services. Individual and supportive counseling and problem solving. Access to mental health services, vocational training, educational services, legal services, employment opportunities, leisure, recreation, and religious, social activities, self-help groups, medical services, including emergency and non-emergency. Support while in other environments, e.g., hospitals. Advocacy, including providing information to family. Assist client in developing natural community supports. Assist with activity of daily living through skills training and acquisition of assistive devices. Providing or assisting with transportation.
Applicable populations <input checked="" type="checkbox"/> Adults <input type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input type="checkbox"/> Specialized substitute care	References: Rule: 59 Ill. Admin. Code 132.150(g) Nomenclature: Previous: Assertive community treatment HIPAA: Assertive community treatment
Rule allowed mode(s) of delivery <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group Pre-service requirements <input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H0039			11	On-site	¼ hr	\$ 18.09	\$ 72.36	(n/a)	91-98, W8646
34	H0039			99	Off-site	¼ hr	\$ 20.08	\$ 80.32	(n/a)	91-98, W8647

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Case management—client centered consultation

Service definition:	Minimum credentials of staff:
An individual client-focused professional communication between provider staff, or staff of other agencies, or with others (including family members) who are involved with providing services to a client.	RSA
	Example activities:
	Face-to-face or telephone contacts (including scheduled meetings or conferences) between provider staff, staff of other agencies and child-caring systems concerning the client's status. Contacts with a State-operated facility and educational or medical system. Staffing with school personnel or other professionals involved in treatment. Administrative case review (ACR). Also includes contacts (scheduled meetings or conferences) for professional communication between provider staff and family members involved in treatment.
Notes:	
Must be provided in conjunction with one or more mental health services as specified in 132.150 or 132.165. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site. <u>Does not</u> include advice given in the course of clinical staff supervisory activities, in-service training, treatment planning or utilization review and may not be billed as part of the assessment process.	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group	
Pre-service requirements	
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	
	References:
	Rule: 59 Ill. Admin. Code 132.165(b) Nomenclature: Previous: Client centered consultation Rehabilitative consultation and review HIPAA: Case management

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
47	T1016	TG		11	On-site; RSA	¼ hr	\$ 13.68	\$ 54.72	W7879 W7907	62-65, 67, 68
47	T1016	TG		99	Off-site; RSA	¼ hr	\$ 15.17	\$ 60.68	W7880 W7908	62-65, 67, 68
47	T1016	HN	TG	11	On-site; MHP	¼ hr	\$ 15.73	\$ 62.92	W7879 W7907	62-65, 67,68 W7879
47	T1016	HN	TG	99	Off-site; MHP	¼ hr	\$ 17.45	\$69.80	W7880 W7908	62-65, 67,68 W7880

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Case management—mental health

Service definition:	Minimum credentials of staff:
Services that provide coordination, support and advocacy for clients who need multiple services and require assistance in gaining access to and in using mental health, social, vocational, educational, child welfare, and other community services and resources. Case management also may include client-specific advocacy and assistance in problem solving/resolution to assist the client in building community support and family support systems, and mandated child welfare and juvenile justice activities.	RSA
Notes:	Example activities:
Case management does not include time spent transporting the client to required services or time spent waiting while the client attends a scheduled appointment. Case management may be provided prior to a mental health assessment or ITP for the purpose of assisting the client with obtaining emergency food, clothing or shelter or for mandated child welfare or juvenile justice activities. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	Helping the client access appropriate mental health services including the ICG/MI program, apply for public entitlements, locate housing, obtain medical and dental care, or obtain other social, educational, vocational, or recreational services. Assessing the need for service, identifying and investigating available resources, explaining options to the client and assisting in the application process. Advocacy and assistance with problem solving/resolution that will help the client access and utilize support from the community or family members. Supervision of family visits for DCFS clients. Includes time spent participating in mandated child welfare, juvenile justice or court activities.
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.165(a) Nomenclature: Previous: Mental health case management; Rehabilitative services coordination HIPAA: Case management

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
47	T1016			11	On-site; RSA	¼ hr	\$ 13.68	\$ 54.72	W7394 W7911	45,47, 51-52, 54,56- 58
47	T1016			99	Off-site; RSA	¼ hr	\$ 15.17	\$ 60.68	W7395 W7912	45,47, 51-52, 54,56- 58
47	T1016	TF		11	On-site; MHP	¼ hr	\$ 15.73	\$ 62.92	W7394 W7911	45,47, 51-52, 54,56- 58, W7909
47	T1016	TF		99	Off-site; MHP	¼ hr	\$ 17.45	\$ 69.80	W7395 W7912	45,47, 51-52, 54,56- 58, W7910

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Case management—transition linkage and aftercare

Service definition:	Minimum credentials of staff:
Services specifically targeted at facilitating an effective transition in living arrangement, consistent with the client's welfare and development.	MHP
	Example activities:
	Services provided to clients being discharged from inpatient psychiatric care, transitioning to adult services, moving into or out of DOC, or a DCFS client moving from one placement to another placement or to his/her parent's home.
Notes:	Time spent planning with the staff of the client's current living arrangement or the receiving living arrangement. This includes time spent with foster parents.
When a client is being discharged from an inpatient psychiatric setting, the mental health assessment (MHA) and treatment plan (ITP) of the inpatient setting may be used to authorize the provision of this mental health service.	Time spent locating placement resources, such as meetings and phone calls.
Notes must indicate what transition is occurring.	Assisting client in completing paperwork for community resources.
Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	Arranging or conducting pre or post-placement visits.
	Time spent developing an aftercare service plan.
Applicable populations	Time spent planning a client's discharge and linkage from an inpatient psychiatric facility for continuing mental health services and community/family support.
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS	Assisting the client or the client's family or caregiver with the transition.
<input checked="" type="checkbox"/> Specialized substitute care	Mandated follow-up with clients in long term care facilities.
Rule allowed mode(s) of delivery	References:
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site	Rule: 59 Ill. Admin. Code 132.165(a)
<input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site	Nomenclature:
<input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group	Previous: Rehabilitative transition linkage and aftercare
Pre-service requirements	HIPAA: Case management
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
47	T1016	HN		11	On-site; MHP	¼ hr	\$ 15.73	\$ 62.92	W7913	55
47	T1016	HN		99	Off-site; MHP	¼ hr	\$ 17.45	\$ 69.80	W7914	55
47	T1016	HO		11	On-site; QMHP	¼ hr	\$ 17.88	\$ 71.52	W7913	55
47	T1016	HO		99	Off-site; QMHP	¼ hr	\$ 19.86	\$ 79.44	W7914	55

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Crisis intervention

Service definition:	Minimum credentials of staff:
Activities or services provided to a person who is experiencing a psychiatric crisis which are designed to interrupt a crisis experience including assessment, brief supportive therapy or counseling and referral and linkage to appropriate community services to avoid more restrictive levels of treatment, with the goal of symptom reduction, stabilization and restoration to a previous level of functioning.	MHP with immediate access to a QMHP
Notes:	Example activities:
May be provided prior to a mental health assessment and prior to a diagnosis of mental illness. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	All activities must occur within the context of a potential psychiatric crisis. Face-to-face or telephone contact with client for purpose of preliminary assessment of need for mental health services. Face-to-face or telephone contact with family members or collateral source (e.g., caregiver, school personnel) with pertinent information for purpose of a preliminary assessment. Face-to-face or telephone contact to provide immediate, short-term crisis-specific therapy or counseling with client and, as necessary, with client's caretaker and family members. Referral to other applicable mental health services, including pre-hospitalization screening. Activities include phone contacts or meeting with receiving provider staff. Face-to-face or telephone consultation with a physician or hospital staff, regarding need for psychiatric consultation. Face-to-face or telephone contact with another provider to help that provider deal with a specific client's crisis. Consultation with one's own provider staff to address the crisis.
Applicable populations	References:
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	Rule: 59 Ill. Admin. Code 132.150(b)
Rule allowed mode(s) of delivery	Nomenclature:
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group	Previous: Crisis intervention; Rehabilitative crisis intervention and stabilization
Pre-service requirements	HIPAA: Crisis intervention
<input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan	

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H2011			11	On-site	¼ hr	\$ 28.81	\$115.24	W7847 W7895	11-12, 14-16 W7847
34	H2011			99	Off-site	¼ hr	\$ 31.97	\$127.88	W7848 W7896	11-12, 14-16 W7848

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Crisis intervention—pre-hospitalization screening

Service definition:	Minimum credentials of staff:
Screening or crisis assessment activities provided to a child who is referred to a SASS provider by CARES because the child is experiencing a crisis that creates a risk of psychiatric hospitalization. The SASS screening and crisis assessment must be conducted face-to-face with the CARES-referred child experiencing the crisis. However, contacts with collaterals and other types of personal contacts can supplement the face-to-face screening/crisis assessment contact with the CARES-referred child experiencing the crisis.	MHP with immediate access to a QMHP
Notes:	Example activities:
May be provided prior to a mental health assessment and prior to a diagnosis of mental illness. Pre-hospitalization screening ends when a determination is made regarding whether or not to hospitalize a client. Once a determination is made, other services may begin being delivered and billed. Reimbursement subject to prior authorization through CARES. This service is billed directly to HFS.	<p>The SASS pre-admission psychiatric hospitalization screening and crisis assessment shall minimally include completion of the following:</p> <ul style="list-style-type: none"> — The CSPI decision support instrument. — A mental status evaluation. — An evaluation of the extent of the child's ability to function in his/her environment and daily life. — An assessment of the child's degree of risk of harm to self, others or property. — A determination of the viability of less restrictive resources available in the community to meet the treatment needs of the child. <p>These activities must be part of the face-to-face contact(s) with the child experiencing the crisis. SASS screening and crisis assessment services may also include face-to-face or telephone contact with:</p> <ul style="list-style-type: none"> — Family members or collateral source (e.g., caregiver, school personnel) with pertinent information for purposes of completing the SASS screening/assessment. — A physician or hospital staff, regarding the need for psychiatric consultation or hospitalization. — Another provider to help that provider deal with a specific client's crisis.
Applicable populations	References:
<input type="checkbox"/> Adults <input type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input type="checkbox"/> Specialized substitute care	Rule: 59 Ill. Admin. Code 132.150(b)
Rule allowed mode(s) of delivery	Nomenclature:
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group	Previous: Rehabilitative crisis intervention and stabilization Crisis intervention
Pre-service requirements	HIPAA: Program intake assessment
<input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan	

Reimbursement and coding summary

COSe	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	T1023			11	On-site	Event	\$288.10	(n/a)	W7897	(n/a)
34	T1023			99	Off-site	Event	\$319.70	(n/a)	W7898	(n/a)

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Intensive family-based services

Service definition:	Minimum credentials of staff:
Interactions with the client, or with a member of the client's family on behalf of the client, to restore the client to prior levels of functioning, to reduce the risk of more restrictive treatment for the client such as psychiatric hospitalization, to reduce the risk of alternative placement, or to avert a family crisis.	MHP
Notes:	Example activities:
<p>Services may be provided only by a provider that is:</p> <ul style="list-style-type: none"> — A SASS provider, but only to a child or adolescent enrolled in the SASS program by the CARES. — A provider other than a SASS provider that is under contract with the DCFS to provide this service, but only to a child for whom the DCFS is legally responsible. <p>Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</p>	<p>Interactions with the client, or with a member of the client's family or other caretaker on behalf of the client, aimed at:</p> <ul style="list-style-type: none"> — Reducing the risk for the client to need to move to an alternative placement due to a decline in functioning. — Averting a family crisis.
Applicable populations	
<input type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input type="checkbox"/> Group	
Pre-service requirements	
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	
	References:
	Rule: 59 Ill. Admin. Code 132.150(k)
	Nomenclature:
	Previous: Intensive family based services
	HIPAA: Mental health services not otherwise specified

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H0046	TF		11	On-site	1 hr	\$ 62.92	\$ 62.92	W7881	(n/a)
34	H0046	TF		99	Off-site	1 hr	\$ 69.80	\$ 69.80	W7882	(n/a)

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Mental health assessment

Service definition:	Minimum credentials of staff:
The formal process of gathering into written reports information on the client—including, but not limited to, individual characteristics, presenting problems, history or cause of illness, history of treatment, psychosocial history, and current functioning in emotional, cognitive, social, and behavioral domains through face-to-face or personal contact with the client or collaterals. This service results in identification of the client's mental health service needs and recommendations for treatment and may include a tentative diagnosis.	MHP under the direct supervision of a QMHP QMHP and LPHA must sign the mental health assessment report.
Notes: Required for all services except for crisis intervention or case management services to assist the client in securing emergency food, clothing or shelter or for mandated child welfare or juvenile justice activities. A minimum of one face-to-face meeting with the client by a QMHP is required prior to completion. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site. A diagnosis of mental illness is not required prior to starting mental health assessment activities.	Example activities: Face-to-face meeting with the client in order to assess the client's needs. Face-to-face meeting or telephone contact with the client or client's family to collect social history information With the client's permission, face-to-face meetings or telephone contact with: <ul style="list-style-type: none"> Family members. Collateral sources of pertinent information—including, but not limited to, educational personnel, medical personnel, DCFS staff. Administering CGAS/GAF or other acceptable instruments to the client to document substantial impairment in role functioning.
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	References:
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group	Rule: 59 Ill. Admin. Code 132.148(a) Nomenclature: Previous: Mental health assessment; Mental health social history; Rehabilitative assessment; Rehabilitative social history HIPAA: Mental health assessment–non-physician
Pre-service requirements	
<input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan	

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H0031	HN		11	On-site; MHP	¼ hr.	\$ 15.73	\$ 62.92	W7831 W7833 W7883 W7885	03,0A 04 W7831 W7833
34	H0031	HN		99	Off-site; MHP	¼ hr.	\$ 17.45	\$ 69.80	W7832 W7834 W7884 W7886	03,0A 04 W7832 W7834
34	H0031			11	On-site; QMHP	¼ hr.	\$ 19.04	\$ 76.16	W7831 W7833 W7883 W7885	03,0A 04 W7831 W7833
34	H0031			99	Off-site; QMHP	¼ hr.	\$ 21.15	\$ 84.60	W7832 W7834 W7884 W7886	03,0A 04 W7832 W7834

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Mental health day treatment

Service definition:	Minimum credentials of staff:
Scheduled group therapeutic sessions made available for at least 4 hours per day, 5 days per week with the objective of maintaining or improving interpersonal functioning or age-appropriate, independent role functioning.	MHP
Notes:	Example activities:
	Interventions directed at improving or maintaining the client's ability to function in a variety of interactions or situations, both interpersonal and community, including but not limited to: <ul style="list-style-type: none"> — Personal and interpersonal communications. — Dating and sexual appropriateness. — Medication and management of psychiatric symptoms. — Peer or sibling interactions. — Self-regulating behavior. — Parent and child communications and interactions. — Self-care and hygiene management. — Use of public transportation. — Use of laundromat. — Learning to utilize existing community resources. — Opening or maintaining a checking or savings account. — Accessing medical and dental care. — Developing support systems. — Entitlement acquisition.
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group (8:1 children; 16:1 adults)	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.150(h) Nomenclature: Previous: Extended treatment, rehabilitation; rehabilitation day treatment; psychosocial rehabilitation HIPAA: Behavioral health day treatment

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H2012	HO		11	On-site; adult	1 hr	\$ 8.50	\$ 8.50	(n/a)	82, 83 W7853 W7855
34	H2012	HO		99	Off-site; adult	1 hr	\$ 8.50	\$ 8.50	(n/a)	82, 83 W7854 W7856
34	H2012	HO	HA	11	On-site; child	1 hr	\$ 15.99	\$ 15.99	(n/a)	86, 87 W7859 W7861
34	H2012	HO	HA	99	Off-site; child	1 hr	\$ 15.99	\$ 15.99	(n/a)	86, 87 W7860 W7862

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Mental health intensive outpatient

Service definition:	Minimum credentials of staff:
Scheduled group therapeutic sessions made available for at least 4 hours per day, 5 days per week for clients with a history of psychiatric hospitalization.	QMHP
	Example activities:
	The focus of the sessions must be to reduce or eliminate symptoms that have, in the past, led to the need for hospitalization.
Notes:	
Intensive outpatient services are intended for clients with a history of psychiatric hospitalization.	
The client's ITP must include objectives related to reducing or eliminating symptoms that have, in the past, led to the need for hospitalization.	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group (4:1 children; 8:1 adults)	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.150(i) Nomenclature: Previous: Intensive stabilization HIPAA: Intensive outpatient

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	S9480	HO		11	On-site; adult	1 hr	\$ 15.99	\$ 15.99	(n/a)	81 W7851
34	S9480	HO		99	Off-site; adult	1 hr	\$ 15.99	\$ 15.99	(n/a)	81 W7852
34	S9480	HO	HA	11	On-site; child	1 hr	\$ 32.03	\$ 32.03	(n/a)	85 W7857
34	S9480	HO	HA	99	Off-site; child	1 hr	\$ 32.03	\$ 32.03	(n/a)	85 W7858

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Psychological evaluation

Service definition:	Minimum credentials of staff:
A psychological evaluation conducted and documented by the provider consistent with the <i>Clinical Psychologist Licensing Act (225 ILCS 15)</i> , using nationally standardized psychological assessment instruments.	The evaluation must be conducted and signed by a licensed clinical psychologist. A master's level professional under the supervision of the licensed clinical psychologist may assist in administering standardized testing.
	Example activities:
	Face-to-face client interview or clinical observation. Face-to-face interview with parent or guardian, if indicated. Face-to-face administration of nationally recognized psychological assessment instruments as part of a psychological evaluation.
Notes:	
The licensed clinical psychologist must have at least one face-to-face meeting with the client before signing the evaluation. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input type="checkbox"/> Group	
Pre-service requirements	
<input checked="" type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan	
	References:
	Rule: 59 Ill. Admin. Code 132.148(b)
	Nomenclature:
	Previous: Psychological assessment; Psychological standardized testing
	HIPAA: Mental health assessment–non-physician

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H0031	TG		11	On-site; licensed clinical psychologist	¼ hr.	\$ 23.05	\$ 92.20	W7835 W7837	01,07 W7835 W7837
34	H0031	TG		99	Off-site; licensed clinical psychologist	¼ hr.	\$ 25.60	\$102.40	W7836 W7838	01,07 W7836 W7838
34	H0031	HO		11	On-site; master's level	¼ hr.	\$ 19.04	\$ 76.16	W7835 W7837	01,07 W7835 W7837
34	H0031	HO		99	Off-site; master's level	¼ hr.	\$ 21.15	\$ 84.60	W7836 W7838	01,07 W7836 W7838

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Psychotropic medication administration

Service definition: Time spent preparing the client and the medication for administration, administering psychotropic meds, observing the client or possible adverse reactions, and returning the medication to proper storage.	Minimum credentials of staff: LPN under RN supervision.
Notes: Does not include administration of non-psychotropic medications	Example activities: See service definition. Drawing blood per established protocol for a particular psychotropic medication.
Applicable populations <input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone	
Pre-service requirements <input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	References: Rule: 59 Ill. Admin. Code 132.150(c)(4) Nomenclature: Previous: Medication administration HIPAA: Administration of oral, intramuscular or subcutaneous medication

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	T1502			11	On-site; LPN/RN	Event	\$ 9.60	(n/a)	W7841	25 W7841
34	T1502			99	Off-site; LPN/RN	Event	\$ 10.65	(n/a)	W7842	25 W7842
34	T1502	SA		11	On-site; APN	Event	\$ 10.45	(n/a)	(n/a)	(n/a)
34	T1502	SA		99	Off-site; APN	Event	\$ 11.60	(n/a)	(n/a)	(n/a)

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Psychotropic medication monitoring

Service definition:	Minimum credentials of staff:
Monitoring and evaluating target symptom response, adverse effects including <i>tardive dyskinesia</i> screens, and new target symptoms or medication.	Staff designated in writing by a physician or advanced practice nurse per a collaborative agreement.
	Example activities:
	Face-to-face interview with clients reviewing response to psychotropic medications. A physician or APN per a collaboration agreement must authorize in writing the staff determined to be eligible to provide medication monitoring or medication training services. Medication monitoring may include clinical communication, by telephone or face-to-face, between staff of the (same) provider or professional staff employed outside of the provider agency, under situations which constitute an appropriate release of information, emergency medical/life safety intervention, or consulting therapist relationships regarding the client's psychotropic medication.
Notes:	
This DOES NOT include watching a client self-administer his/her medications. A designated staff ordering medication or communication with a pharmacist is not billable as medication monitoring but is billable as case management.	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input type="checkbox"/> Group	
Pre-service requirements	
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	References: Rule: 59 Ill. Admin. Code 132.150(c)(5) Nomenclature: Previous: Medication monitoring HIPAA: Pharmacological management

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	90862	52		11	On-site; Non MD, non APN	¼ hr	\$ 20.45	\$ 81.80	W7843	26 W7843
34	90862	52		99	Off-site; Non MD, non APN	¼ hr	\$ 20.45	\$ 81.80	W7844	26 W7844
34	90862	SA		11	On-site; APN	¼ hr	\$ 22.30	\$ 89.20	(n/a)	(n/a)
34	90862	SA		99	Off-site; APN	¼ hr	\$ 22.30	\$ 89.20	(n/a)	(n/a)
34	90862			11	On-site; Physician	¼ hr	\$ 24.45	\$97.80	W7843	26 W7843
34	90862			99	Off-site; Physician	¼ hr	\$ 24.45	\$ 97.80	W7844	26 W7844

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Psychotropic medication training

Service definition:	Minimum credentials of staff:
Includes training the client or the client's family or guardian to administer the client's medication, to monitor proper levels and dosage, and to watch for side effects.	Staff designated in writing by a physician or advanced practice nurse per a collaborative agreement.
	Example activities:
	When indicated based on client's condition and included in the ITP, face-to-face meetings with individual clients for the following purposes: –To discuss purpose of taking psychotropic medications. –To discuss psychotropic medications, effects, side effects, and adverse reactions. –To discuss self-administration of medications. –To discuss storage and safeguarding of medications. –To discuss how to communicate with mental health professionals regarding medication issues. –To discuss how to communicate with family/caregivers regarding medication issues. For the client's parents, guardian or caregivers, meetings with provider staff to train them to monitor dosage and side effects.
Notes:	
When training the family/guardian to administer or monitor medications, the client does not need to be present. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.150(c)(6) Nomenclature: Previous: Medication training HIPAA: Medication training and support

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H0034			11	On-site; individual	¼ hr	\$ 14.77	\$ 59.08	W7845	31 W7845
34	H0034			99	Off-site; individual	¼ hr	\$ 16.38	\$ 65.52	W7846	31 W7846
34	H0034	SA		11	On-site; individual; APN	¼ hr	\$ 16.09	\$ 64.36	(n/a)	(n/a)
34	H0034	SA		99	Off-site; individual; APN	¼ hr	\$ 17.85	\$ 71.40	(n/a)	(n/a)
34	H0034	HQ		11	On-site; group	¼ hr	\$ 6.39	\$ 25.56	(n/a)	(n/a)
34	H0034	HQ		99	Off-site; group	¼ hr	\$ 7.10	\$ 28.40	(n/a)	(n/a)
34	H0034	SA	HQ	11	On-site; group; APN	¼ hr	\$ 6.96	\$ 27.84	(n/a)	(n/a)
34	H0034	SA	HQ	99	Off-site; group; APN	¼ hr	\$ 7.74	\$ 30.96	(n/a)	(n/a)

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Skills training and development

Service definition: Structured services that are goal directed, clearly defined and focused on improving adaptive functioning deficits	Minimum credentials of staff: MHP
Notes:	Example activities: A series of sessions with modules addressing different components of functioning such as, but not limited to, social competency, anger management, problem-solving/decision-making, or the ability to live independently. Established curriculum-based intervention programs for clients with mental illness. Time spent implementing a structured method of behavior management, such as a point system. Supervised activities that are intended to improve adaptive functioning in a specific area, as long as the activities are preceded by explicitly detailing the expectations for involvement in the activity and followed by a review of what actually occurred. For children and adolescents only, skills training and development can include therapeutic support to facilitate improved functioning through normalizing in-home/in-community activities.
Applicable populations <input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	References: Rule: 59 Ill. Admin. Code 132.150(e) Nomenclature: Previous: Individual/family social rehabilitation HIPAA: Mental health skills training and development
Rule allowed mode(s) of delivery <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group	
Pre-service requirements <input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H2014			11	On-site; individual	¼ hr	\$ 15.73	\$ 62.92	W7875	32 W7875
34	H2014			99	Off-site; individual	¼ hr	\$ 17.45	\$ 69.80	W7876	32 W7876
34	H2014	HQ		11	On-site; group	¼ hr	\$ 3.93	\$ 15.72	W7397	38 W7397
34	H2014	HQ		99	Off-site; group	¼ hr	\$ 4.37	\$ 17.48	W7396	38 W7396

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Therapeutic behavioral services

Service definition:	Minimum credentials of staff:
Direct interactions with the client, or on behalf of the client with a member of the client's family, with such interactions intended to result in improving or maintaining the client's ability to function in a variety of interpersonal situations, including in the family, school or community.	RSA
Notes:	Example activities:
General staff supervision or general observation of group activities, including field trips, group sports, or board games is not therapeutic behavioral services and is not a billable Medicaid service. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	Planned or unplanned milieu-based interventions related to goals defined in the client's ITP. Behavior management and problem-solving interventions. ITP-specified facilitation of improved competency in areas such as, but not limited to: interpersonal communication, dating and sexual appropriateness, peer or sibling interactions, self-regulating behavior, problem-solving skills, parent/child communication and interaction, self-care and hygiene, use of public transportation, money management, cooking and home management. Group meetings such as organizational meetings at the beginning and end of the day and self-governance meetings only if a QMHP, MHP or RSA is present. If an individual in a group activity is exhibiting a non-adaptive behavior, staff can use therapeutic behavioral services as an intervention to modify the non-adaptive behavior and can bill for time spent in direct interaction with the individual client in the group situation or time spent directly observing the client to assess if the intervention was successful to decrease problem behavior. Face-to-face or telephone activities with family, including foster parents and other caretakers, to maintain the client's placement and to ensure the ITP is correctly implemented. Face to-face or telephone activities with the client's family, including foster parents and other caretakers, to improve client functioning.
Applicable populations	References:
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	Rule: 59 Ill. Admin. Code 132.150(f)
Rule allowed mode(s) of delivery	Nomenclature:
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group (15:1)	Previous: Rehabilitative stabilization HIPAA: Therapeutic behavioral service
Pre-service requirements	
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H2019			11	On-site; individual	¼ hr	\$ 13.68	\$ 54.72	W7899	36 W7899
34	H2019			99	Off-site; individual	¼ hr	\$ 15.17	\$ 60.68	W7900	36 W7900
34	H2019	HQ		11	On-site; group	¼ hr	\$ 3.42	\$ 13.68	W7901	37 W7901
34	H2019	HQ		99	Off-site; group	¼ hr	\$ 3.80	\$ 15.20	W7902	37 W7902

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Therapy/counseling

Service definition:	Minimum credentials of staff:
Treatment in which a staff person meets with a client in ongoing periodic formal sessions with the goal of ameliorating or reducing the symptoms associated with his or her emotional, cognitive or behavioral problems.	MHP
	Example activities:
	<p>Formal face-to-face meetings or telephone contacts with the client, or client's family as specified in the ITP.</p> <p>Conducting formal face-to-face group sessions with the client or his/her family. This may include serving special client populations with a particular theoretical framework, or addressing a specific problem such as low self-esteem, poor impulse control, depression, <i>etc.</i> Examples include:</p> <ul style="list-style-type: none"> — Problem-solving groups. — Support groups. — Groups focused on developing competency in areas such as social competency, time management, anger control. — Regularly scheduled therapeutic-related group meetings such as organizational meetings at the beginning and end of the day, and self-governance meetings only if a QMHP or MHP is present. <p>For family modality, includes couple's or marital therapy and individual sessions with one parent if it is for the benefit of the child or therapy sessions with members of a child's foster family.</p>
Notes:	
Incidental telephone conversations and consultations are not billable as therapy/counseling. Services to the family on behalf of the client should be reported and billed using the code for family therapy or counseling.	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group	
Pre-service requirements	
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	
	References:
	Rule: 59 Ill. Admin. Code 132.150(d)
	Nomenclature:
	Previous: Psychological therapy; Psychological counseling; Rehabilitative counseling
	HIPAA: Behavioral health counseling and therapy

(continued on next page)

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Therapy/counseling

(continued)

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H0004			11	On-site; individual; MHP	¼ hr.	\$ 15.73	\$ 62.92	W7869 W7889	2A W7869
34	H0004			99	Off-site; individual; MHP	¼ hr.	\$ 17.45	\$ 69.80	W7870 W7890	2A W7870
34	H0004	HR		11	On-site; family; MHP	¼ hr.	\$ 15.73	\$ 62.92	W7871 W7891	2C W7871
34	H0004	HR		99	Off-site; family; MHP	¼ hr.	\$ 17.45	\$ 69.80	W7872 W7892	2C W7872
34	H0004	HQ		11	On-site; group; MHP	¼ hr.	\$ 3.93	\$15.72	W7873 W7893	2B W7873
34	H0004	HQ		99	Off-site; group; MHP	¼ hr.	\$ 4.37	\$ 17.48	W7874 W7894	2B W7874
34	H0004	HO		11	On-site; individual; QMHP	¼ hr.	\$ 17.88	\$ 71.52	W7863 W7889	21 W7863
34	H0004	HO		99	Off-site; individual; QMHP	¼ hr.	\$ 19.86	\$ 79.44	W7864 W7890	21 W7864
34	H0004	HO	HR	11	On-site; family; QMHP	¼ hr.	\$ 17.88	\$ 71.52	W7865 W7891	23 W7865
34	H0004	HO	HR	99	Off-site; family; QMHP	¼ hr.	\$ 19.86	\$ 79.44	W7866 W7892	23 W7866
34	H0004	HO	HQ	11	On-site; group; QMHP	¼ hr.	\$ 6.39	\$25.56	W7867 W7893	22 W7867
34	H0004	HO	HQ	99	Off-site; group; QMHP	¼ hr.	\$ 7.10	\$ 28.40	W7868 W7894	22 W7868

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

Treatment plan development, review and modification

Service definition:	Minimum credentials of staff:
The development of a plan to deliver specific mental health services to a client, based on the service needs identified in the mental health assessment, which includes goals, objectives, specific mental health services, and identification of staff responsible for delivering the services. Frequency of services is required only if the LPHA determines that frequency should be specified. The LPHA and QMHP shall review the individualized treatment plan (ITP) no less frequently than every six months and any modification, if necessary. In a specialized substitute care living arrangement, a QMHP may review the ITP at six months, the LPHA and QMHP review the annual ITP and any modifications. For this provision prior approval is required by the funding state agency.	MHP QMHP responsible for development LPHA provides clinical direction
Notes:	Example activities:
Required if providing 132.150 or 132.165 services, except for crisis services. Mental health diagnosis required, or documentation of evaluations that will be conducted to determine a definitive diagnosis. An ITP is not necessary for the provision of case management services to assist the client in acquiring emergency food, clothing or shelter, or for mandated child welfare or juvenile justice activities. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	Meeting with client or guardian to discuss, develop or review a treatment plan. Face-to-face meetings with family members, collaterals, or with other persons essential to the development or review of the treatment plan, with client's permission. Treatment team meetings used for ITP development and/or formalized review of the effectiveness of the entire treatment plan. The LPHA or QMHP must be present and sign documentation. Does <u>not</u> include intra-agency meetings to review client progress related to individual ITP goals. Time spent by the QMHP/MHP reviewing the assessment materials and developing ITP with others (but not time spent writing/typing the document).
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group	
Pre-service requirements	
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan	
	References:
	Rule: 59 Ill. Admin. Code 132.148(c) Nomenclature: Previous: Treatment plan development, review & modification Rehabilitative service plan development, review & modification HIPAA: Mental health service plan development

Reimbursement and coding summary

COS	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per		Crosswalk to previous coding	
		(1)	(2)				Unit	Hour	DCFS	DHS
34	H0032	HN		11	On-site; MHP	¼ hr.	\$ 15.73	\$ 62.92	W7839 W7887	(n/a)
34	H0032	HN		99	Off-site; MHP	¼ hr.	\$ 17.45	\$ 69.80	W7840 W7888	(n/a)
34	H0032			11	On-site; QMHP	¼ hr.	\$ 19.20	\$ 76.80	W7839 W7887	08 W7839
34	H0032			99	Off-site; QMHP	¼ hr.	\$ 21.32	\$ 85.28	W7840 W7888	08 W7840